



Requested Facility: American Landfill ☐ Unsure Profile Number: 502234OH  
☐ Multiple Generator Locations (Attach Locations) ☐ Request Certificate of Disposal ☐ Renewal? Original Profile Number: \_\_\_\_\_

**A. GENERATOR INFORMATION (MATERIAL ORIGIN)**

- Generator Name: USEPA/Wellsville Drum Site
- Site Address: Non Responsive  
(City, State, ZIP) \_\_\_\_\_
- County: Columbiana
- Contact Name: Tricia Edwards
- Email: edwards.tricia@epa.gov
- Phone: (734) 740-9016 7. Fax: \_\_\_\_\_
- Generator EPA ID: \_\_\_\_\_ ☒ N/A
- State ID: \_\_\_\_\_ ☒ N/A

**C. MATERIAL INFORMATION**

- Common Name: Oil contaminated Soil and Debris  
Describe Process Generating Material: ☐ See Attached  
OPA site clean up of oil spill from drums
- Material Composition and Contaminants: ☐ See Attached
 

1. Soil	0-100 %
2. Debris (boom, absorbant, wood, paper, PPE)	0-100 %
3. Oil	1-10 %
4.	
Total comp. must be equal to or greater than 100% <u>≥100%</u>	
- State Waste Codes: \_\_\_\_\_ ☒ N/A
- Color: Varies
- Physical State at 70°F: ☒ Solid ☐ Liquid ☐ Other: \_\_\_\_\_
- Free Liquid Range Percentage: \_\_\_\_\_ to \_\_\_\_\_ ☒ N/A
- pH: \_\_\_\_\_ to \_\_\_\_\_ ☒ N/A
- Strong Odor: ☐ Yes ☒ No Describe: \_\_\_\_\_
- Flash Point: ☐ <140°F ☐ 140°–199°F ☒ ≥200° ☒ N/A

**E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION**

- Analytical attached ☒ Yes  
Please identify applicable samples and/or lab reports:  
1707412-01 and 02
- Other information attached (such as MSDS)? ☐ Yes

**G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)**

By signing this EZ Profile™ form, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 – Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to Waste Management prior to providing the material to Waste Management.

If I am an agent signing on behalf of the Generator, I have confirmed with the Generator that information contained in this Profile is accurate and complete.

Name (Print): Tricia Edwards Date: 07/21/2017  
 Title: OSC  
 Company: EPA

**B. BILLING INFORMATION**☒ SAME AS GENERATOR

- Billing Name: Environmental Quality Management
- Billing Address: 1800 Carillon Blvd  
(City, State, ZIP) Cincinnati OH 45240
- Contact Name: Mark Douglas
- Email: mdouglas@eqm.com
- Phone: 513-309-3062 6. Fax: 513-825-9728
- WM Hauled? ☐ Yes ☒ No
- P.O. Number: \_\_\_\_\_
- Payment Method: ☒ Credit Account ☐ Cash ☐ Credit Card

**D. REGULATORY INFORMATION**

- EPA Hazardous Waste? ☐ Yes\* ☒ No  
Code: \_\_\_\_\_
  - State Hazardous Waste? ☐ Yes ☒ No  
Code: \_\_\_\_\_
  - Is this material non-hazardous due to Treatment, Delisting, or an Exclusion? ☐ Yes\* ☒ No
  - Contains Underlying Hazardous Constituents? ☐ Yes\* ☒ No
  - From an industry regulated under Benzene NESHAP? ☐ Yes\* ☒ No
  - Facility remediation subject to 40 CFR 63 GGGGG? ☐ Yes\* ☒ No
  - CERCLA or State-mandated clean-up? ☐ Yes\* ☒ No
  - NRC or State-regulated radioactive or NORM waste? ☐ Yes\* ☒ No
- \*If Yes, see Addendum (page 2) for additional questions and space.**
- Contains PCBs? → If Yes, answer a, b and c. ☐ Yes ☒ No
    - Regulated by 40 CFR 761? ☐ Yes ☐ No
    - Remediation under 40 CFR 761.61 (a)? ☐ Yes ☐ No
    - Were PCB imported into the US? ☐ Yes ☐ No
  - Regulated and/or Untreated Medical/Infectious Waste? ☐ Yes ☒ No
  - Contains Asbestos? ☐ Yes ☒ No  
→ If Yes: ☐ Non-Friable ☐ Non-Friable – Regulated ☐ Friable

**F. SHIPPING AND DOT INFORMATION**

- ☒ One-Time Event ☐ Repeat Event/Ongoing Business
- Estimated Quantity/Unit of Measure: 15  
☒ Tons ☐ Yards ☐ Drums ☐ Gallons ☐ Other: \_\_\_\_\_
- Container Type and Size: 20 yd rolloff box
- USDOT Proper Shipping Name: \_\_\_\_\_ ☒ N/A

Certification Signature